

September 17, 2004

Marlene Dortch
Secretary
Federal Communications Commission
445 12th St., S.W.
Washington, D.C. 20554

Re: Ex Parte Presentation in WC Docket 02-60

Dear Madam Secretary:

I am writing to inform you of ex parte presentations made to Commissioners Martin in the permit-but-disclose proceeding, See § 1.1206 of the Commission's Rules, WC Docket 02-60, *In the matter of Rural Health Care Support Mechanism*, Further Notice of Proposed Rule Making, FCC No. 02-122, released November 17, 2003.

Keith Longie of the Indian Health Service and I met with Commissioner Martin and his legal advisor on Wednesday, September 15, 2004 to discuss telemedicine in rural areas. The attached memo summarizes the substance of our conversation. I have also attached materials that were left with the Commission's staff during the course of our conversation.

If there is any additional information needed, please contact my office and we will provide it promptly.

Sincerely,

/s/

Anne E. Linton, Partner

Enclosures

Cc: Commissioner Martin
Sam Feder
Keith Longie, IHS

MEMORANDUM

To: Marlene Dortch, Secretary, Federal Communications Commission

From: Anne Linton, Partner, Washington Federal Strategies

Re: Ex Parte Presentation in WC Docket 02-60 on September 15, 2004

Date: September 17, 2004

As required under Part 1 of the FCC's Rules, I am filing this memorandum summarizing the oral presentation that was made to Commissioner Martin in WC Docket 02-60 on September 15, 2004. I am attaching to this memo the written materials shared with the Commissioner.

My client Healthcare Anywhere requested this meeting to present additional information for the Commission's record regarding innovative ways to deliver health care services to underserved people in remote areas such as Native Americans in the Aberdeen Area, and elsewhere. We were joined by Keith Longie of the Indian Health Service. The Indian Health Service is a partner in a current mobile telemedicine project designed to provide women's health care services to Native American women in the Aberdeen area.

In the meeting, we provided a description of the ongoing mobile digital telemammography project that Healthcare Anywhere is developing – in conjunction with the Indian Health Service – to deliver high quality, real-time digital mammography services to Indian tribes in rural North Dakota, South Dakota, and Nebraska. Some of the tribes receive health care from the Indian Health Service, a subdivision of the Department of Health and Human Services, but some of the tribes are independent and responsible for their own healthcare delivery. This project will work with both types of tribes. We used this specific project to enter into a discussion of the need for the rural health support mechanism to address the need for satellite telecommunications services to support mobile telemedicine projects in remote areas. Healthcare Anywhere strongly believes that when a mobile health project requires it, satellite services are the most cost-effective, universally available, broadband service necessary to enable advanced telemedicine. This project and others that may follow are the start of a new method for delivering health care to rural areas.

Healthcare Anywhere urged the Commission to take action in such a way that health care service delivery in underserved rural areas, especially on Indian reservations, be enhanced, and innovation encouraged. We believe this will drive demand for telecom services and provide essential health care to these underserved people.